

AO 240 (Rev. 10/03)
DELAWARE (Rev. 4/05)**ORIGINAL**UNITED STATES DISTRICT COURT
DISTRICT OF DELAWAREThomas R. Miller

Plaintiff

V.

Warden Thomas Carroll

Defendant(s)

Dr. Maggie Bailey Administration Med. Dept.
Contractor CMS ST. LOUIS MO.APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVITCASE NUMBER: 7-06-049I, Thomas R. Miller declare that I am the (check appropriate box)

- • Petitioner/Plaintiff/Movant • • Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? • Yes • No (If "No" go to Question 2)

If "YES" state the place of your incarceration Delaware Correctional Center Smyrna Del 19977Inmate Identification Number (Required): 00144108Are you employed at the institution? NO Do you receive any payment from the institution? NOAttach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions

2. Are you currently employed? • • Yes • No

a. If the answer is "YES" state the amount of your take-home salary or wages and pay period a and give the name and address of your employer.

b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

Main Kitchen 2003 DCC 40.00 Dollars a month.

3. In the past 12 twelve months have you received any money from any of the following sources?

- | | |
|---|---------|
| a. Business, profession or other self-employment | • • Yes |
| b. Rent payments, interest or dividends | • • Yes |
| c. Pensions, annuities or life insurance payments | • • Yes |
| d. Disability or workers compensation payments | • • Yes |
| e. Gifts or inheritances | • • Yes |
| f. Any other sources | • • Yes |

• No
• No
• No
• No
• No
• No

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

2006 MAY 25 PM 3:51
CLERK'S OFFICE
DISTRICT COURT
DISTRICT OF DELAWARE

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4. Do you have any cash or checking or savings accounts?

• • Yes

• • No

If "Yes" state the total amount \$ _____

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?

• • Yes

• • No

If "Yes" describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, *OR* state *NONE* if applicable.

(none)

I declare under penalty of perjury that the above information is true and correct.

5-22-
9-20-06
DATE

Thomas R. Miller

SIGNATURE OF APPLICANT

NOTE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

DELAWARE CORRECTIONAL CENTER
INMATE REQUEST FOR CERTIFIED TRUST FUND
ACCOUNT STATEMENT OF PRIOR SIX-MONTH PERIOD

TO: Mrs. Tonya Smith
Support Services Manager
Delaware Correctional Center
Smyrna, Delaware 19977

5-22-
DATE: ~~9-23-06~~

FROM: Thomas R. Miller
Inmate Name (Please Print Name)

144108
SBI #

--- I HEREBY CERTIFY ---

Pursuant to the Prison Litigation Reform Act, 28 U.S.C. 1915 (a)(2),
Effective April 26, 1996, I am requesting a certified Statement of my Institution Trust
Fund Account for the previous six-month period. Please forward same to me.

Thomas R. Miller
Signature

(28 U.S.C. 1746 and 18 U.S.C. 1621)

ORIGINAL

DELAWARE CORRECTIONAL CENTER
SUPPORT SERVICES OFFICE
MEMORANDUM

TO: Thomas Miller SBI#: 144108

FROM: Stacy Shane, Support Services Secretary

RE: 6 Months Account Statement

DATE: April 13, 2006

Attached are copies of your inmate account statement for the months of October 1, 2005 to March 31, 2006

The following indicates the average daily balances.

<u>MONTH</u>	<u>AVERAGE DAILY BALANCE</u>
<u>Oct</u>	<u>0</u>
<u>Nov</u>	<u>17.28</u>
<u>Dec</u>	<u>5.65</u>
<u>Jan</u>	<u>.04</u>
<u>Feb</u>	<u>6.67</u>
<u>March</u>	<u>3.46</u>

Average daily balances/6 months: 5.43

Attachments

CC: File

Stacy Shane
4/13/06

Mr. Miller
Noted
4/17/06

FILED
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DISTRICT OF DELAWARE
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